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SINGERS' NODES.

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BOSTON.

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SINGERS' NODES.*

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THE affection of which I wish to say a few words consists, as I have seen it, of a small ovoid nodule situated on the edge of one or both vocal cords at about the junction of the anterior and middle thirds, and can usually be attributed to extraordinary or improper use of the voice. It has been described as one of the conditions found in chronic laryngitis, but also as "trachoma of the vocal cord" and "chorditis tuberosa." It occurs, however, as has been pointed out by Rice,† as a primary affection, with or without subsequent general laryngitis. I described a case as "trachoma" in the *Archives of Laryngology* for 1883. The cases of Türck, who suggested this name, presented multiple granulations not only on the edge but on the upper surface of the cords, and the name seems most appropriate for these cases. The single nodule on one or both cords, although it may be pathologically the same,

* Read before the American Laryngological Association at its sixteenth annual congress.

† *Transactions of the Am. Laryngological Assoc.*, 1890.

constitutes clinically a distinct affection, and is, I think, entitled to a separate designation. Whether the term "chorditis tuberosa," which Dr. Rice adopts, is entirely satisfactory is doubtful, as there may be little or no chorditis, and this term has been also unfortunately applied to the diffuse form. Singer's node is not exactly appropriate, because the subject, though usually, is not always a singer. To be exact, we can only at present say that we find a node on the vocal cord in the above-mentioned site. This is usually whitish or yellowish-white in appearance, of the size of a millet seed or larger. There may be a depression in the edge of the opposite cord in the corresponding spot, or a little nodule here also. The mucous membrane of the adjacent parts of the cord may show signs of inflammatory action, but in the beginning this is often absent. The cause of this condition will almost always be found to be strain or wrong use of the voice in singing or speaking. It is said that friction of the edges of the cords is greatest at this point, hence the pathological change. The nature of this development has been but little studied histologically. Kanthack* examined three specimens from Krause's clinic, and found in one a simple local hyperplasia; in the second, cornification; and in the third, such a growth as comes from chronic irritation. No glands or vestiges of such were found.

The examinations were made on account of a statement by B. Fraenkel that these nodes were of glandular origin. Kanthack also examined twenty larynges, and found no glands in the vocal cords.

Rice had sections examined from two nodules which he removed from the vocal cord by a small snap guillotine, and the result in both cases was connective tissue and epithelial

* *Internationales Centralblatt für Laryngologie*, etc., 1890.

elements in largely increased numbers. M. Sabrazes and M. Freche * report on the microscopic examination of three specimens, that they are to be considered as circumscribed hypertrophies of the epithelium and chorion of the mucous membrane. Sometimes the thickening of the epithelium predominates, sometimes it is rather the papillary prolongations of the chorion; mostly both participate in the hypertrophy. Wedl † made an examination of post-mortem sections of a "trachomatous" vocal cord in a patient of Türeck, and found only hypertrophied connective tissue and proliferation of nuclei. This patient had the diffuse granular condition of both cords. She died of tuberculosis. It will be noted that histologically the nodules were of the same character as the single ones which we are discussing.

The symptoms produced by these little nodes vary from slight hoarseness to complete loss of voice. In the latter case there is usually a considerable amount of laryngitis, or paresis of the tensors.

The prognosis depends largely on the duration of the condition, and the ability and willingness of the patient to carry out instructions. When seen early, and the patient is able to rest the voice, the prognosis is, in my experience, good; but if the patient is obliged to use the voice, especially if his method is wrong, it is serious, and under these circumstances the growth will probably continue and gradually increase, leading to the various secondary conditions, and, as in the case of all such developments, the older it is the harder is it to cause absorption or get a good result from operation.

The treatment of these nodules must vary with their

* *Internationales Centralblatt für Laryngologie*, etc., 1893.

† Türeck. *Klinik der Kehlkopfkrankheiten*, 1866.

size and form. Those which I have seen have been so small and sessile, so thoroughly incorporated with the cord, that any operative procedure seemed inadvisable, not only on account of the difficulty of extirpating the growth, but for fear of injuring the vocal cord. Sabrazes and Freche state that the nodule may be pediculated, in which case the operation would be comparatively trivial. I have never seen such, and should doubt their identity with the kind I have described. I should have hesitated to cut into the vocal cord in any of the cases I have seen, unless the voice seemed ruined forever, as it was, and this gave the only hope, for the integrity of the singing voice depends on the integrity of the edge of the vocal cord. In the few comments published on the treatment of this condition there has been a great confusion of this and the diffused trachoma of Türk, from which it must be distinguished, notably in the discussion at Baltimore on Dr. Rice's paper. Dr. Rice himself, in the illustration of his article and in his remarks on treatment, evidently had in mind the single nodule on the edge of one or both cords, but at the beginning of the article he says that Türk's description of this condition is comprehensive, whereas Türk describes only the diffused condition occurring on the surface as well as edge of the vocal cord. Dr. Westbrook describes a nodule on the vocal cord of one of his patients growing from the vocal process forward. Dr. Daly said that the condition was not uncommon in tuberculous families, evidently referring to a diffuse granular condition of the cords. Dr. Delavan spoke of the recommendation of forcing a probang covered with cotton through the glottis in the hope that the granulations might thus be scraped away, and that he had not found this method a success. This method was suggested by Voltolini for papillomata, which are often friable, but I can not conceive how any one could recommend

it for the hard, closely incorporated nodule such as I have described. Neither should I expect to accomplish anything in this form but irritation—by scraping with the finger nail—as done in one case by Dr. Daly, even if I could reach the vocal cord. The epiglottis and tips of the cartilages of Santorini are as far as I can reach with my forefinger in most cases, and the vocal cords are considerably further off.

Dr. John N. Mackenzie said we should distinguish between a mere granular condition and the genuine chondritis tuberosa, evidently meaning by this latter term the diffuse form, as he says the whole cord is converted into a band like a granular lid, and is usually incurable.

In my cases so far I have found that by rest and astringents, if there was also inflammation of the surrounding mucous membrane, the voice has been so far restored that I did not feel justified in risking cutting operations; but if after this treatment there was still no useful voice, I should not hesitate to employ Dr. Rice's guillotine and remove the protruding portion of the growth, if it could be engaged, hoping that the remainder would be more readily absorbed. I have not been able, from Dr. Rice's published paper or his remarks in the discussion, to find out just how much of a voice the patients whose nodules he excised ever acquired after the operation. Neither have I been able to learn how the nodules were removed nor the resulting condition of the voice in the cases of MM. Sabrazes and Freche (Lichtwitz's clinic) nor in the cases of Kanthack (Krause's clinic).

The object of this brief paper is, first, to call attention to the imperfect nomenclature of this affection, and to recommend the abandonment of the term "trachoma of the vocal cord" for the form of the affection which I have

described, and the restriction to that form of the term "chorditis tuberosa," if it should seem best to retain it; and in the second place to elicit reports of operations on single nodules (unilateral or bilateral) situated as I have described, and especially the effect of their excision on the singing voice.

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